



Moustafa M.Hassan,M.D.,Director,F.A.C.O.G.
 Basil Maghak,M.D.,F.A.C.O.G.
 Mohammed A.Elkouy, M.D.,F.A.C.O.G.

Accredited with the American Institute of Ultrasound in Medicine
 and by the Fetal Medicine Foundation

PATIENT GENETIC SCREENING QUESTIONNAIRE

Please complete the following questionnaire so we can give you the best prenatal care. These questions regarding family health apply to members in both your family and in the baby's father's family. If you do not understand some of the questions, please mark them with a question mark and ask for help during your interview. Thank you.

Name: _____ Date: _____

First Day of Your Last Menstrual Period _____ Estimated Due Date _____

Patient date of birth (xx/xx/xxxx) _____ Age at time of Delivery _____

Father of the baby date of birth (xx/xx/xxxx) _____

YES NO Have you or the baby's father in any previous relationships had 2 or more spontaneous pregnancy losses, a stillbirth, or neonatal death?

YES NO Is this pregnancy a result of In Vitro Fertilization (IVF) or Intra-uterine Insemination (IUI)?

YES NO Is this pregnancy a result of implantation with a donor egg or donor embryo?

Have you, the baby's father, or anyone in either of your families ever had any of the following?

YES NO Spina bifida or anencephaly (open spine or skull)?

YES NO Hemophilia or other bleeding disorder

YES NO Muscular dystrophy or other neuromuscular disorder

YES NO Down syndrome or other chromosomal abnormalities

YES NO Kidney disease

YES NO Mental retardation, developmental delay, or autism

YES NO Cystic fibrosis

YES NO Hydrocephalus (water on the brain)

YES NO Two or more relatives with the same cancer

YES NO Birth defect or inherited problem?

YES NO Deafness/early onset hearing loss

YES NO Blindness/early onset vision loss

YES NO Diabetes

YES NO PKU

YES NO Epilepsy or Lupus

YES NO Heart defect from birth

YES NO Have you or any female relative had an amniocentesis?

YES NO Are you or the baby's father of Jewish, French Canadian or Cajun ancestry?

YES NO Are you or the baby's father of Black or Latino ancestry?

If so, have either of you been screened for sickle cell? Results _____

YES NO Are you or the baby's father of Italian, Greek, Mediterranean, Asian Indian, Southeast Asian, Korean, Filipino, Chinese or Taiwanese ancestry?

YES NO Are you and the baby's father related in any way (cousins; for example)?

During this pregnancy, have you had any of the following?

YES NO uterine cramping, vaginal bleeding (spotting)

YES NO infections, rashes, fever (>101degrees)or other illness

YES NO X-rays, hospitalizations or surgery

YES NO Cigarettes, alcoholic beverages or "street" drugs

YES NO Occupational, chemical, or other exposures

